# SPRINGDALE FIRE DEPARTMENT

### CAPTAIN ANNUAL PERFORMANCE EVALUATION

Employee Name	Rank\Title	Date
Supervisor Name	Rank\Title	Evaluation Year
	e scale below, rate the employ citten explanation in the com	yee for each category. A rating ment section of this
	EVALUATION SCALE	
E = Exceeds Expectat:	ions M = Meets Expectation	ons N = Needs Improvement
A. Effectively pr	romotes team building.	
B. Maintains comp	posure and makes good decision	ns under pressure.
C. Issues orders	and directives effectively in	n all situations.
D. Adapts well to	change.	
E. Schedules and	completes assignments.	
F. Communicates	effectively both verbally and	in written correspondence.
G. Promotes posit	tive relations with members of	f the public.
H. Follows SFD Po	olicies and Procedures.	
I. Follows stands	ard EMS protocols.	
J. Performs fire	ground procedures safely and e	effectively.
K. Administers po	olicies and rules fairly and o	consistently.
L. Properly ident	tifies and directs resources a	and equipment.
M. Properly evalu	lates incidents and initiates	appropriate tactics.
N. Demonstrates N	knowledge of assigned FMA and	hazards present.
O. Promotes deve	lopment of assigned personnel	
P. Promotes posit	tive morale to assigned person	nnel.
O. Completes requ	uired reports accurately in a	timely manner.

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R. Knowledge of department computer systems and programs.			
S. Improves knowledge through outside training and application.			
T. Effectively performs duties without direct supervision.			
U. Solves problems without intervention from superior.			
V. Identifies needs and submits improvement plans.			
City Personnel Policies and Civil Service Rules and Regulations			
Has the employee received disciplinary action during this evaluation period for any violations of City Personnel Policies, or Civil Service Rules and Regulations?			
? Yes ? No			
Overall Performance Rating			
Based upon the preceding evaluation, but not necessarily an average of the factors since some are more important than others. Carefully consider the performance levels listed below and check the term which best describes the employees overall performance for this evaluation period.			
? Exceeds Expectations			
? Meets Expectations			
? Needs Improvement			
Supervisor Comments, explanations, and/or suggestions for improvement:			

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(please attach an additional documentation if more	area is needed)
Supervisor Signature	Date
Employee Comments:	
As the employee being evaluated please se	lect one of the following:
? I agree with this evaluation.	
? I disagree with this evaluation.	
Employee Signature	Date